PHP6
UN SEGURO NACIONAL DE ENFERMEDADES CATASTRÓFICAS: FUNDAMENTOS PARA SU IMPLEMENTACIÓN
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OBJECTIVOS: Unas pocas enfermedades que afectan a un número reducido de personas se llevan una parte cada vez mayor de los recursos de los sistemas de salud. Se las denomina enfermedades catastróficas por el impacto económico que generan en quienes las padecen y las financian. En la Argentina coexisten seis modelos diferentes de cobertura y financiación de estas patologías. Sin embargo, constituyen respuestas fragmentadas e inequitativas. La creación de un Seguro Nacional de Enfermedades Catastróficas (SENEC) permitiría alcanzar una cobertura universal y homogeneizar protecciones de calidad a un costo inferior al actual. Esta investigación tiene por objetivo generar evidencia que contribuya a demostrar tanto la viabilidad económica y financiera como la factibilidad técnica del SENEC. **METODOLOGÍAS:** Para eso, se identifican los tipos de cobertura y financiamiento vigentes en el país y se describen algunas experiencias internacionales. Luego se exponen diferentes opciones para resolver la protección frente a estas enfermedades y se justifica por qué el SENEC es la alternativa más adecuada para el contexto argentino. Finalmente, se estiman los costos que conllevaría la creación del seguro y se describen cuatro escenarios alternativos de implementación. **RESULTADOS:** Los resultados del estudio evidencian que a través del SENEC se puede lograr una reducción de hasta el 75% de los costos en cobertura para estas enfermedades. Se demuestra que el SENEC en pleno funcionamiento, es decir brindando una cobertura explícita y de calidad homogénea a toda la población, tendría un costo menor al que hoy deben asumir algunos agentes del seguro (obras sociales nacionales y prepagas). **CONCLUSIONES:** Esta política pública responde a los desafíos de sustentabilidad económica, calidad y equidad que plantea la cobertura de estas patologías al actual sistema sanitario argentino.

PHP7
ANALYSIS OF THE PRICING AND MARKET ACCESS LANDSCAPE OF ORPHAN DRUGS IN LATIN AMERICA
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OBJECTIVES: In Latin America, despite the efforts recently implemented to improve access for rare diseases, funding remains a challenge due to conflicting priorities to ensure sufficient budget for essential medicines. In this research we aim at providing an understanding of the situation in terms of access and funding of orphan drugs in Brazil, Mexico and Argentina as well as defining the drivers for access in the light of an increasing pressure for drug coverage for orphan conditions. **METHODS:** Review approval and funding regulation for orphan drugs in Brazil, Argentina and Mexico. Selection of 8 orphan drugs differing on a pre-defined set of access drivers (Incidence of the disease, severity of the condition, therapeutic alternative, level of innovation, affordability, etc.). Develop case studies based on HTA reviews and level of access. Formulate hypotheses about the main drivers for successful access. Explore and qualitatively validate hypotheses through primary research with local payers. **RESULTS:** 1) Access to orphan drugs is not universal - programs starting to be put in place in some countries but limited to selected conditions; 2) Brazil and Mexico have implemented a policies for orphan drugs expected to facilitate increased access in the future; and 3) Affordability is the main driver of access followed by the severity of the disease, although exceptions to this rule exist. **CONCLUSIONS:** Whereas regulation for orphan drugs is not available in all countries, public funding overall is increasing. Most funding for rare diseases, however, focuses on selective, severe, life-threatening conditions, and affordability remains a major access barrier. In the medium term, proving value will not be enough to obtain access of OD in these markets. Companies seeking access for ODs will need selective programs, designed to improve affordability.

PHP8
VALUE JUDGMENTS IN HEALTH TECHNOLOGY ASSESSMENT PROCESS IN BRAZIL
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OBJECTIVES: To appraise the value judgments in critical decisions involving resource allocation and use of technologies in Brazilian health system, through the view of health managers and professionals. To evaluate the tendencies of the Brazilians' decision makers when managing the important restriction of financial resources. To analyze the influence of health care sectors in the managers and professionals' decisions. **METHODS:** The research has been conducted through a decision-making questionnaire to incorporate health technologies, applied by internet. 193 respondents fully answered the research. There was presented four scenarios that mimicked real world dilemmas regarding the choice of resource allocation in an environment of severe budget constraint. The decisions should be taken regarding the following trade-offs: 1) disease prevalence and reduction/extinction of current health programs; 2) disease prevalence and creation of new taxes; 3) patients age; and 4) decision among prevention and treatment. **RESULTS:** The results have showed a conservative trend. Most answers were related to lower costs options in every scenario, showing the preference in saving resources instead of incorporating the technologies, in despite of the clinical benefits. The comparison between prevention and treatment demonstrates that health managers and professionals are suited to a preventive though that indicates the long-term strategy of health care policies. It was found different tendencies of answers between the health care sectors considered as players of technology assessment process. **CONCLUSIONS:** The Brazilian health managers and professionals are significantly influenced by economic scarcity when deciding about resource allocation. In search of a paradigm for decision-making, most of them have opted for saving resources rather than incorporating the technology. With a restricted budget, only few demands can be satisfied. Against this background, the cost-effectiveness analysis and the establishment of strategic priorities become essential tools for resource allocation, in order to avoid an undesirable technological gap in the country.

PHP9
COMPARATIVE EVALUATION OF THE APPROPRIATENESS OF THE PRESCRIBING IN GERIATRICS INPATIENTS USING BEERS CRITERIA 2012 AND 2003
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OBJECTIVES: To evaluate appropriateness of prescribing medicines using Beers criteria 2003 and 2012 and determining predictors of potentially inappropriate medications (PIMs) prescribing in elderly in-patients. **METHODS:** Cross-sectional study was conducted at public hospital and baseline data were collected. Elderly in-patients from medicine wards (≥60 years) were included. Multivariate logistic regression analysis was used to determine the predictors of PIMs prescribing. **RESULTS:** A total of 500 patients were recruited during I year of study period;60% were males and 66% were between 60-69 years of age with mean (SD) of 68 (7) years. Mean (SD) number of diagnoses and medications were 3 (1) and 9 (4), respectively. 81 (16%) patients were prescribed with at least ≥1 PIMs according to modified AGS updated Beers criteria 2012, compared to 11% according to Beers criteria 2003. On multivariate regression, important predictors for the PIMs prescribing were found to be age ≥80 years (Odds Ratio (OR) 2.46, 95% CI 1.27-3.12; $p = 0.03$), male gender (OR 1.35, 95% CI 1.06-1.84; $p = 0.03$), more than 3 diagnoses (OR 2.47, 95% CI 1.59-3.39; $p = 0.04$), ≥6 medications prescribed (OR 1.16, 95% CI 1.02-1.35; $p = 0.03$) and ≥10 days of hospital stay (OR 1.59, 95% CI 1.09-2.31; $p = 0.02$). **CONCLUSIONS:** Results indicate that PIMs prescribing is common among hospitalized Indian elderly patients. It is feasible to reduce this practice through provision of appropriate unbiased information to health care professionals. Beers criteria is a well established method for evaluating prescribing appropriateness. Results also show the capture of more number of PIMs through the use of Beers criteria 2012 due to the addition of new medications in the list like spironolactone in heart failure and removal of capping of maximum dose of alprazolam, clonazepam and lorazepam from Beers criteria 2003.

HEALTH CARE USE & POLICY STUDIES – Equity and Access

PHP10
ANALYSING THE ACCESS TO PRIORITY HEALTH SERVICES IN THE ADOLESCENT POPULATION IN SIX PROVINCES IN NORTHERN ARGENTINA
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OBJECTIVES: Adolescents present particular issues that may condition their health and life, this turns adolescents' health into a priority. To identify the barriers that hinder the access to health by adolescents in order to contribute to the design, orientation and formulation/reformulation of public policies. **METHODS:** We implemented a self-administered to 5200 secondary public school students in the northern provinces of Argentina, Jujuy, Misiones, Tucumán, Santiago del Estero, Catamarca and Chaco. On the other hand, we developed in-depth interviews to local referents (Ministries of Health, Education, Social Development, etc). Descriptive statistics techniques were then applied, together with econometric analysis and qualitative techniques of interviews analysis. **RESULTS:** We identified differences regarding priorities and policies oriented to the adolescent population in the six provinces. With regard to the teen gaze, 87% of students rate their health as "very good or good", only half of those reporting a health problem consulting the system. Their concerns are linked to arguments and emerging problems of their age. "Having to wait long to be attended" and "difficulty to get an appointment" are the main barriers they face when accessing to the system. **CONCLUSIONS:** The definition of access ceases to be necessarily linked with aspects of physical capacity or clinical care, but with the system's ability to orient the question and channel the concerns of young people with social problems related to health.

PHP11
URBAN HEALTH NETWORKS AND PERINATAL HEALTH RISK IN ARGENTINA
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OBJECTIVES: Urban Health Care Networks become a strong limitation to guarantee efficient and equitable access, especially in developing countries. Lack of formal protocols in referral procedures, insufficient coordination among levels of care and limited coordination in human resources across health care system allows duplication of clinical studies, informality in the decision-making process within the network, and higher-than-expected health risks, affecting existing financial protection mechanisms. In particular, perinatal health care networks involve the analysis not only of clinical performance in hospitals and health care centers, but also the ability to improve mothers' behavior during pregnancy, by applying safe preventive care procedures. This study analyzes two mayor public hospitals in the Province of Buenos Aires, Argentina, searching for quality of referral procedures **METHODS:** The descriptive and logistic analysis identifies three sets of variables: mother's background and risk factors, pregnancy characteristics and supply-side infrastructure. Using an original database on birth attendance at the hospital head-of-network (Perinatal Information System, designed by the World Health Organization) of circa 16,500 births, as well as structured questionnaires distributed among human resources in both hospitals, the study allows to identify hospital ability to manage network risks, failures arising from the health care system and join responsibilities between formal health care system and the family. **RESULTS:** The study allows the definition of two sets of observations based on number of medical controls during pregnancy, offering the chance of additional comparisons of explanatory variables by including test of differences in mean values. **CONCLUSIONS:** Results show the presence of multiple failures in urban health care networks, with specific risk factors teenage pregnancy and distance to formal health services affecting hospitalization rates, newborn risks and counter-reference behavior.